



State of North Carolina
Department of Health and Human Services
Division of Health Service Regulation

Specialty Care Vehicle Inspection Report

Date: _____

Location: _____



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: _____

Provider #: _____

VEHICLE INFORMATION

Current Permit #: _____ Vin #: _____ Year: _____ Make: _____

Vehicle Type: _____ 2 X 4 _____ 4 X 4 _____ Assigned Vehicle Number: _____ Proposed Operational Level: _____ EMT-Paramedic _____ SCT

Purpose of Inspection: _____ Permitting _____ Compliance Type of Specialty Care: _____ Multitask _____ Neonatal _____ Fuel Type: _____ Gas _____ Diesel

PERMITTING INSPECTION

Multitask Vehicle – A Vehicle that is equipped to transport different types of patients; i.e. heart, surgical etc. Neonatal Vehicle - A vehicle that is set up and primary function is to transport neonatal patients. (*) Items that are only required on every response if the vehicle backs up 911

<p>Multitask Vehicle Inspection</p> <p>Section A: Mandatory Items</p> <p>____ Vehicle Body & Function</p> <p>____ Emergency Lighting System</p> <p>____ Emergency Siren</p> <p>____ Two-Way Radio</p> <p>____ Cellular phone</p> <p>____ Interior Dimensions (min. 48" X 102")</p> <p>____ Wheeled Cot w/ Security</p> <p>____ Portable O2 Cylinder</p> <p>____ O2 Regulator w/ adult & Pedi Mask</p> <p>____ Portable suction device w/ tubing</p> <p>____ Adult BV w/mask & tubing</p> <p>____ Pedi BV w/ child & Infant mask plus tubing</p> <p>____ Adult BP Cuff</p> <p>____ ET Blades (Adult & Pedi)</p> <p>____ ET Handles w/ extra batteries</p> <p>____ Adult ET tubes</p> <p>____ Pedi ET tubes (2.5 – 6.5mm)</p> <p>____ ET Tube stylette</p> <p>____ ET placement device</p> <p>____ Alternative airway device</p> <p>____ IV administration drip set</p> <p>____ IV catheters</p> <p>____ Pediatric IO</p> <p>____ Pulse Oximeter</p> <p>____ Supplies in date / temp controlled</p> <p>____ Monitor / Defib / Pacer</p> <p>____ Monitor acces. (Ad & Pedi)</p> <p>____ Monitor w/ 12-lead</p> <p>____ Avail. of Ventilator</p> <p>____ Avail. of Transvenous Pacemaker</p> <p>____ Ad. & Pedi nasogastric tubes</p> <p>____ Hypothermic thermometer</p> <p>____ Anti-emetic</p> <p>____ Beta blocker/Calcium Ch. Blocker</p> <p>____ Non-steroidal anti-inflammatory</p> <p>____ Phenothiazine</p> <p>____ Magnesium Sulfate</p> <p>____ Steroid preparation</p> <p>Missing any items in Section A results in Summary Suspension or refusal of permit</p> <p>Section B: Five Point Deduction Items</p> <p>____ Exterior Cleanliness</p> <p>____ Mounted Fire Extinguisher</p> <p>____ Flashlight w/ extra batteries</p> <p>____ Backboard (Long) *</p> <p>____ Backboard Straps *</p> <p>____ Backboard Head Blocks *</p> <p>____ Adult & Pedi Size C-Collars *</p> <p>____ Adult Spinal Extrication Device *</p>	<p>Section B: Continued</p> <p>____ Pedi Immobilization device *</p> <p>____ Adult Femur Traction Splint *</p> <p>____ Splints (Upper & Lower) *</p> <p>____ Patient Area Lighting</p> <p>____ Heating & Cooling Source</p> <p>____ Interior Cleanliness</p> <p>____ OPA's (Adult & Pedi size)</p> <p>____ Adult Nasal Cannula</p> <p>____ Adult & Pedi Soft Suction catheter</p> <p>____ Rigid Suction device</p> <p>____ Sterile Saline Solution</p> <p>____ Adult Stethoscope</p> <p>____ Child BP Cuff</p> <p>____ Infant BP Cuff</p> <p>____ Sterile OB Kit</p> <p>____ Masks</p> <p>____ Eye Protection</p> <p>____ Jump Suit / gown</p> <p>____ Shoe Covers</p> <p>____ Disinfecting Hand Wash</p> <p>____ Disposable Bio Trash Bags</p> <p>____ Sharps Container</p> <p>____ Non-Sterile Gloves</p> <p>____ Latex Free Equip. or Latex Free Kit</p> <p>____ Burn Kit</p> <p>____ Cold Pack</p> <p>____ Broselow Tape</p> <p>____ Car Seat Avail. To restrain < 20 lbs pedi</p> <p>Section C: One Point Deduction Items</p> <p>____ Provider Name Displayed on each side</p> <p>____ Reflective on all sides</p> <p>____ Stair Chair or Folding Stretcher *</p> <p>____ Equipment Secured</p> <p>____ Nonporous Pillow w/ cover</p> <p>____ Sheet</p> <p>____ Blanket</p> <p>____ Occlusive Dressing</p> <p>____ Dressing</p> <p>____ Bandages</p> <p>____ Roll Gauze</p> <p>____ Heavy Duty Scissors</p> <p>____ Tape</p> <p>____ Alcohol Wipes</p> <p>____ Lubricating Jelly</p> <p>____ NPA</p> <p>____ Bulb Syringe</p> <p>____ Urinal</p> <p>____ Bed Pan</p> <p>____ Emesis Basin</p> <p>____ Triage Tags *</p>	<p>Section E: Fifteen Point Deduction</p> <p>____ Adenosine</p> <p>____ Albuterol</p> <p>____ Amiodarone or Lidocaine</p> <p>____ Atropine</p> <p>____ Aspirin</p> <p>____ Benzodiazepine</p> <p>____ Crystalloid solution</p> <p>____ Calcium Ch / Gluconate</p> <p>____ Diphenhydramine</p> <p>____ Dobutamine</p> <p>____ Dopamine</p> <p>____ Epinephrine</p> <p>____ Furosemide</p> <p>____ Glucagon</p> <p>____ Glucose solution</p> <p>____ Narcotic analgesic</p> <p>____ Narcotic antagonist</p> <p>____ Nasal spray decongestant</p> <p>____ Nitroglycerin</p> <p>____ Nitroprusside</p> <p>____ Oxytocin</p> <p>____ Paralytic agents</p> <p>____ Procainamide</p> <p>____ Sodium Bicarb.</p> <p>____ Nebulizer</p> <p>____ Glucose measurement</p> <p>____ IV arm board</p> <p>____ IV start kit</p> <p>____ IV pole or hook</p> <p>____ Magill forceps</p> <p>____ NG Tubes (Adult & Pedi size)</p> <p>Specialty Care Vehicle Scoring</p> <p>Section B: _____ X 5pts = _____</p> <p>Section C: _____ X 1pts = _____</p> <p>Section E: _____ X 15pts = _____</p> <p>Total Score B, C & E: _____</p> <p>Less than 40 points = Satisfactory</p> <p>Greater than 40 points = Unsatisfactory</p> <p>Section A or greater than 100 points = Summary Suspension or refusal of permit</p> <p>Deficiencies corrected during Inspection</p> <p>____ Pass</p> <p>Permit #: _____</p> <p>Expiration: _____</p> <p>Failed: _____ Refusal of Permit</p> <p>____ Failed – Temporary</p> <p>____ Failed - Summary Suspension</p>	<p>Neonatal Vehicle Inspection</p> <p>Section F: Mandatory Items</p> <p>____ Vehicle Body & Function</p> <p>____ Interior Dimensions (min. 48" X 102")</p> <p>____ Emergency Lighting System</p> <p>____ Two-Way Radio</p> <p>____ Cellular phone</p> <p>____ Emergency Siren</p> <p>____ Supplies in date / temp controlled</p> <p>____ All required items by Medical Director per Neonatal / Air Medical Summary (NAMPS) document</p> <p>Section G: Five Point Deduction</p> <p>____ Exterior Cleanliness</p> <p>____ Mounted Fire Extinguisher</p> <p>____ Flashlight w/ extra batteries</p> <p>____ Patient Area Lighting</p> <p>____ Heating & Cooling Source</p> <p>____ Interior Cleanliness</p> <p>____ Broselow Tape</p> <p>Section H: One Point Deduction</p> <p>____ Provider Name Displayed on each side</p> <p>____ Reflective on all sides</p> <p>____ Equipment Secured</p> <p>Neonatal Vehicle Scoring</p> <p>Section G: _____ X 5pts = _____</p> <p>Section H: _____ X 1pts = _____</p> <p>Total Score G & H: _____</p> <p>Less than 8 points = Satisfactory</p> <p>Greater than 8 points = Unsatisfactory</p> <p>Section F or greater than 19 points = Summary Suspension or refusal of permit</p> <p>Deficiencies corrected during Inspection</p> <p>____ Pass</p> <p>Permit #: _____</p> <p>Expiration: _____</p> <p>Failed: _____ Refusal of Permit</p> <p>____ Failed – Temporary</p> <p>____ Failed - Summary Suspension</p>
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Comments: _____

Inspector: _____

Compliance Inspection:

Type: _____ Ramp _____ Spot _____ Provider Audit

Personnel: _____ Level: _____

#1: _____

#2: _____